

NON ACCIDENTAL MOTOR VEHICLE FIRE REPORT

FIRE DEPARTMENT	FDID NUMBER	FIRE DEPARTMENT INCIDENT NUMBER
LAW ENFORCEMENT AGENCY	ORI NUMBER	POLICE DEPARTMENT INCIDENT NUMBER

This report must be completed fully in accordance with 2000 PA 413.

I HEREBY REPORT TO THE ABOVE NAMED FIRE / LAW ENFORCEMENT AUTHORITY THAT THE FOLLOWING MOTOR VEHICLE WAS BURNED

DATE	TIME	LOCATION (Street Address)	(City)	(Township)
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MOTOR VEHICLE INFORMATION

YEAR	MAKE	MODEL	BODY STYLE	COLOR	REGISTRATION NUMBER
STATE	VEHICLE IDENTIFICATION NUMBER (VIN)		VEHICLE OWNED BY (Last, First, Middle)		
OWNERS STREET ADDRESS		CITY	STATE	TELEPHONE NUMBER ()	
SOCIAL SECURITY NUMBER*		DATE OF BIRTH			
INSURANCE POLICY HOLDER (Last, First, Middle)		STREET ADDRESS	CITY	STATE	
TELEPHONE NUMBER ()		SOCIAL SECURITY NUMBER*	DATE OF BIRTH		
FIRE REPORTED BY (Last, First, Middle)		STREET ADDRESS	CITY	STATE	
TELEPHONE NUMBER ()					
WAS THE VEHICLE REGISTERED <input type="checkbox"/> YES <input type="checkbox"/> NO		WERE THE KEYS IN THE VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO		WERE THE DOORS LOCKED <input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS THERE FIRE INSURANCE COVERAGE (If YES, Name of Insurance Company and Agent) <input type="checkbox"/> YES <input type="checkbox"/> NO					

I HEREBY AFFIRM THAT I HAD NO INVOLVEMENT IN THE PLANNING TO BURN OR THE ACTUAL BURNING OF THIS MOTOR VEHICLE. THE INFORMATION I HAVE PROVIDED HEREIN IS TRUTHFUL AND CORRECT.

TO BE SIGNED BY THE INSURED OF RECORD

SIGNATURE OF INSURED	DATE
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DO NOT WRITE BELOW THIS LINE. FIRE / LAW ENFORCEMENT AUTHORITY ONLY

NAME OF PERSON TAKING REPORT		DATE	TIME
STOLEN VEHICLE REPORT SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	DATE	TIME

***THIS INFORMATION IS CONFIDENTIAL.
CONFIDENTIAL INFORMATION IS PROTECTED
BY THE FEDERAL PRIVACY ACT.**

**AUTHORITY: 2000 P.A. 413
COMPLETION: Voluntary, but claim will not be
processed unless completed.**

Original-Fire / Law Enforcement Authority, photocopies to State Fire Marshal and Insured.

NOTE TO INSURED: YOU MUST PROVIDE A COPY OF THIS FORM TO YOUR INSURANCE COMPANY.

All data elements must be answered-Print Legibly.